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Bib Data Sheet

CONFIRMATION NO. 4117

<b>SERIAL NUMBER</b> 09/585,812	<b>FILING OR 371(c) DATE</b> 05/19/2000 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2143	<b>ATTORNEY DOCKET NO.</b> STOB-0001	
<b>APPLICANTS</b> James A. Stob, St Charles, IL;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/135,370 05/21/1999  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/15/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Andrew B. Katz Fox Rothschild LLP 2000 Market Street Tenth Floor Philadelphia, PA 19103					
<b>TITLE</b> Method for providing information about a site to a network cataloger					
<b>FILING FEE RECEIVED</b> 1232	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>SERIAL NUMBER</b> 09/585,812	<b>FILING DATE</b> 05/19/2000 <b>RULE</b> _	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2756	<b>ATTORNEY DOCKET NO.</b> STOB-0001
<b>APPLICANTS</b> James A. Stob, St Charles, IL ;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/135,370 05/21/1999 <i>gr</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None gr</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/15/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i>		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 27
		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> Brian L Longest Cohen Mohr LLP 1055 Thomas Jefferson St N W Suite 504 Washington ,DC 20007				
<b>TITLE</b> Website Management				
<b>FILING FEE RECEIVED</b> 1024	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	